

Appendix D – Roadway Design Forms

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Appendix D – Roadway Design Forms

D.10 – Forms Introduction

The following section contains examples of the forms that are used by Roadway Design to process various design information. Most are available on the department's email system (Outlook) in the Public Folders/All Public Folders/All ITD Forms. The most current version of the form is stored electronically in an individual file that is identified by the ITD form number or other similar identification.

Copies can be made by opening the individual file, double clicking on the attachment, and then printing the document. To use electronically, save the opened attachment to your directory and then use appropriately.

For assistance/revisions/etc. with the Roadway Design Forms in Public Folders, please contact Linda Cassera at 334-8480.

Request To Change Manual



Title of Manual Affected			Manual Revision Date	
Chapter Number	Section Number	Heading Title		Page Number(s)
This manual is (choose one) <input type="checkbox"/> Hard copy only <input type="checkbox"/> Electronic and Hard Copy <input type="checkbox"/> Available on the Intranet				
This change is a(n) <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Revision			This change will be beneficial statewide. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed Change (attach an example or additional sheets if needed)				
Explain why the change is needed.				
This change affects other portions of the manual. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list chapter number, section number, heading title and page number of affected portions.				
Chapter Number	Section Number	Heading Title		Page Number
This change affects a picture, figure or standard drawing in the manual. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list chapter number, section number, heading title and page number of affected picture, figure or standard drawing.				
Chapter Number	Section Number	Heading Title		Page Number
This change affects an administrative or board policy. <input type="checkbox"/> Yes <input type="checkbox"/> No Please list any policy affected.				
Policy Number	Title		Policy Number	Title
This change affects an ITD form (any form with a four digit ITD number in the upper left corner). <input type="checkbox"/> Yes <input type="checkbox"/> No Please list form (s) affected.				
Form Number	Title		Form Number	Title
Submitted By (see Section Manager for submittal procedures)			Title	Section/District
				Date

To be Completed by Authorized Section Representative

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Request Number	Authorized Section Representative's Signature	Date

 Information distribution as appropriate: ☐ Policy and Procedures Coordinator ☐ Forms Analyst ☐ Web Services

Hydraulics Structures Survey



A hydraulic report should accompany this form for natural streams with Q_{50} of 500cfs ($14 \text{ m}^3/\text{s}$) or more and canals.

Project No.	Key No.	Station	Date
Project Title		Local Name	
Location			County
Roadway Identification			
Crossing <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Canal		A Tributary Of	

HYDROLOGIC DATA		
Hydrology Methods Used to Determine Design Flows <input type="checkbox"/> USGS Website <input type="checkbox"/> Flood Insurance Study <input type="checkbox"/> USGS Regression Equations <input type="checkbox"/> Other (Describe)		
Description of Watershed		
Drainage Basin Area <input type="checkbox"/> mi^2 (km^2) <input type="checkbox"/> acres (m^2)	Community Name	
Flood Insurance Rate Map (FIRM) Panel No.*	Regulatory Floodway <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Floodway Map Panel No.*

*Attach 8 1/2" x 11" copy of map panel at the structure location.

STREAM DATA			
<input type="checkbox"/> Natural Stream <input type="checkbox"/> Canal	Months Dry, If Any	Streambed Elevation of Structure	Streambed Slope (ft/ft)
Stream Carries an Appreciable Amount of Ice <input type="checkbox"/> Yes <input type="checkbox"/> No	Ice Thickness in (mm)	Stream Carries an Appreciable Amount of Driftwood <input type="checkbox"/> Yes <input type="checkbox"/> No	
Character of Streambed <input type="checkbox"/> Stable <input type="checkbox"/> Agrading <input type="checkbox"/> Degrading <input type="checkbox"/> Headcutting	Describe Streambed		
Flow Controlled <input type="checkbox"/> Upstream <input type="checkbox"/> Downstream	If Controlled, Explain		

EXISTING STRUCTURE			
<input type="checkbox"/> Bridge <input type="checkbox"/> Culvert (Describe the Bridge or Culvert)			
General Condition			Year Constructed
Describe Any Existing Adverse Conditions			
Type of Bridge Piers <input type="checkbox"/> Spread Footings <input type="checkbox"/> Piles	Number of Piers	Bridge or Culvert Type	Structure Dimensions, Diameter, Etc.
Total Bridge Opening Area Normal to Channel ft^2 (m^2)	Bridge Clearance Above Q_{50} High Water ft (m)	Velocity Through Structure fps (m/s)	
Existing Culvert Carried Flow Adequately <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Explain		

Distribution: Consultant – Signed Original to Project Development Engineer or Consultant Agreement Administrator
District – Signed Original to Hydraulics Engineer

No additional
copies required

Hydraulics Structures Survey

DESIGN FLOW DATA			
Flood	Discharge	Water Surface Elevation	Velocity
Design [Q ₁]*	cfs (m ³ /s)	ft (m)	fps (m/s)
Base [Q ₁₀₀]	cfs (m ³ /s)	ft (m)	fps (m/s)
Scour [Q ₅₀₀]	cfs (m ³ /s)	ft (m)	fps (m/s)
Canal Flow	cfs (m ³ /s)	ft (m)	fps (m/s)

*Use Q₅₀ for bridges and culverts 12 ft (3600mm) or more in width/diameter and for open bottom culverts. Use Q₂₅ for all other culverts.

PROPOSED BRIDGE		
Type	Ordinary High Water Elevation ft (m)	Number and Length of Spans
Skew Angle °	Calculated Riprap Size, D ₅₀ ft (m)	Bottom of Girder Elevation ft (m)
Flow Angle to Pier °	Calculated Contraction Scour Depth ft (m)	Q ₅₀ Water Surface Elevation ft (m)
Streambed Material Size, D ₅₀ in (mm)	Calculated Pier Scour Depth ft (m)	Q ₅₀ Freeboard ft (m)

PROPOSED CULVERT		
Type	Dimensions	Inlet Type
Culvert Flowing Under <input type="checkbox"/> Inlet Control <input type="checkbox"/> Outlet Control	Invert Inlet Elevation ft (m)	Outlet Elevation ft (m)
Outlet Protection Required <input type="checkbox"/> No <input type="checkbox"/> Yes	Tailwater Elevation ft (m)	Bottom of Gravel Course Elevation ft (m)
Channel Change <input type="checkbox"/> No <input type="checkbox"/> Yes	Tailwater Depth ft (m)	Calculated Headwater Elevation (HW) ft (m)
Energy Dissipater (If Yes, Describe) <input type="checkbox"/> No <input type="checkbox"/> Yes	Culvert Slope ft/ft	Bottom of Gravel Course Freeboard ft (m)
Riprap Required (If Yes, D ₅₀) <input type="checkbox"/> No <input type="checkbox"/> Yes ft (m)	Finished Grade Elevation Centerline Roadway	HW/D Ratio
Proposed Culvert Will Carry the Base Flood (Q ₁₀₀) Without Overtopping the Roadway <input type="checkbox"/> No <input type="checkbox"/> Yes		

In addition to the above information, submit and check each of the following that apply.

- ☐ A typical proposed roadway section at the structure.
- ☐ A 11" x 17" (279 mm x 432 mm) contour map of the structure site showing 1 foot (300 mm) contours.
- ☐ A centerline profile to the same scale as the contour map.
- ☐ A vicinity map, such as a county map, with the location of the structure clearly indicated.
- ☐ A streambed profile 500 to 1,000 feet (150 to 300 meters) above and below the structure.
- ☐ Riprap details (typical section, limits, size, toe embedment, etc.) for proposed locations.
- ☐ Photographs of the existing structure and channel upstream and downstream from the site.
- ☐ Channel change or canal lining details (typical section, plan and profile, and limits).
- ☐ Computations for scour based on Q_{sc} or canal flow. (Attach HEC-RAS contraction scour and, if applicable, pier scour report.)
- ☐ Hydraulic report. (See Design Manual for format.)
- ☐ Letter of approval from canal company or irrigation district.
- ☐ Floodplain Development Permit from the city/county if the structure is located in the 100-year floodplain.

Distribution: Consultant – Signed Original to Project Development Engineer or Consultant Agreement Administrator
District – Signed Original to Hydraulics Engineer

No additional
copies required

Hydraulics Structures Survey

Remarks/Sketches (Dimensions in ☐ Feet ☐ Meters)

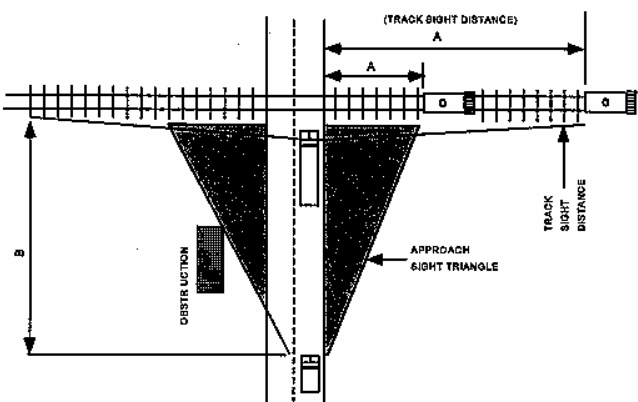
Channel Cross Section at Upstream Face of Proposed Bridge (From HEC-RAS)

Prepared By		Title
Consultant's Signature and Seal		
Approved by Project Development Engineer or Consultant Agreement Administrator		
Approved by Hydraulics Engineer	Approved by Roadway Design Engineer	



CROSSING EVALUATION REPORT

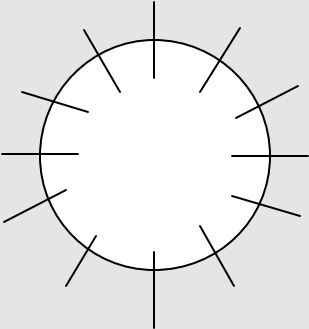
AAR/DOT No.		Rank		P.I.		Review Date	
DIAGNOSTIC REVIEW							
DIAGNOSTIC TEAM							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Can two or more trains occupy crossing at the same time?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Can one train block the view of another train at the crossing?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
CROSSING SURFACE							
Track #	Track Type	Rail Wt.	Surface Width		Surface Material		
EXISTING ROADWAY DATA							
Agency having jurisdiction:							
Shoulders		School Bus Operation		Roadway Width			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Sidewalk		Hazardous Material		Roadway Condition			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Curb & Gutter		Pedestrians		Roadway Surface			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
FIVE-YEAR ACCIDENT DATA							
Date	Fatality		Injury		Property Damage Only		
TOTALS							
ADJACENT CROSSING (ONLY IF CLOSURE PROPOSED)							
AAR/DOT No.	Street/Road Name		Warning Device		AADT		

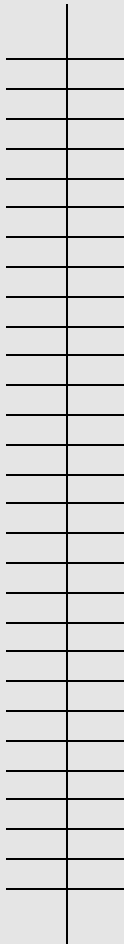
AAR/DOT No.:																											
																											
REQUIRED DESIGN SIGHT DISTANCE FOR COMBINATIONS OF HIGHWAY AND TRAIN VEHICLE SPEEDS																											
HIGHWAY SPEED IN km/h																											
Train Speed (mph)		0 km/h		20 km/h		40 km/h		60 km/h		70 km/h		90 km/h		110 km/h													
		DISTANCE ALONG RAILROAD FROM CROSSING ("A")																									
10		75		35		30		30		35		40		40													
30		150		70		60		65		70		75		80													
50		220		110		95		95		100		110		120													
60		295		145		125		125		135		145		160													
80		365		130		155		155		170		180		200													
100		440		215		185		190		200		220		240													
110		515		250		215		220		235		255		275													
130		585		285		245		250		265		290		315													
140		660		320		775		280		330		325		355													
		DISTANCE ALONG HIGHWAY FROM CROSSING ("B")																									
		N/A		30		55		85		130		180		235													
Sight Distance										Stopped Vehicle Sight Distance																	
Maximum Train Speed		km/h mph		Required Distance "A"		m ft		Posted Hwy Speed		km/h mph		Required Distance "B"		m ft													
Northwest Quadrant										Northeast Quadrant																	
Sight Obstruction:										Sight Obstruction:																	
Actual Distance:										Actual Distance:																	
"B" =										m		ft		"B" =										m		ft	
Southwest Quadrant										Southeast Quadrant																	
Sight Obstruction:										Sight Obstruction:																	
Actual Distance:										Actual Distance:																	
"B" =										m		ft		"B" =										m		ft	

PROPOSED COST APPORTIONMENT (FUNDING RATIO)								
Yes	No	Type of Improvement	Proposed Funding					Work to be Performed By
			Federal	State	Local	Railroad	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Sight Improvement						
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Surface						Railroad Company
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Signals						Railroad Company
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Closure						
<input type="checkbox"/>	<input type="checkbox"/>	Illumination						
<input type="checkbox"/>	<input type="checkbox"/>	Roadway Approaches						
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signal						
<input type="checkbox"/>	<input type="checkbox"/>	Preliminary Engineering						
COMMENTS								
AAR/DOT No.								
RECOMMENDATIONS								
Are improvements to the crossing recommended?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain:				
If yes, what improvements?								
Yes	No	Type of Improvement	Describe					
<input type="checkbox"/>	<input type="checkbox"/>	Sight Improvement						
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Surface						
<input type="checkbox"/>	<input type="checkbox"/>	Signals and Detection						
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Closure						
<input type="checkbox"/>	<input type="checkbox"/>	Illumination						

Yes	No	Type of Improvement	Describe
<input type="checkbox"/>	<input type="checkbox"/>	Roadway Approaches	
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signals	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

SIGHT SKETCH





AAR/DOT No.

Conceptual Environmental Evaluation

Date	District	Route #	City/County	
Project Name			Project #	Key #
Work Authority		Program Year	Termini (Mp To Mp)	

Acres of New Public R/W	Acres of New Private R/W	Located on Indian Reservation, Tribal Lands, Etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Air Quality <input type="checkbox"/> Attainment Area <input type="checkbox"/> Non-Attainment Area <input type="checkbox"/> CO <input type="checkbox"/> PM 10 <input type="checkbox"/> PM 2.5 <input type="checkbox"/> Exempt Project		
Type One Project (I.E., New Location, Substantial Alignment Change, Addition of a Through-Traffic Lane): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction Impacts Requiring Special Provisions (Enter Details on Separate Sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Project Purpose and Benefits

Double mark (xx) only the item that best describes the Primary Reason for Proposing this Project

Single mark (x) all Other Relevant Items

<input type="checkbox"/> Maintain/Improve User Operating Conditions	<input type="checkbox"/> Enhance Accessibility for the Disabled/Safety
<input type="checkbox"/> Maintain/Improve Traffic Flow	<input type="checkbox"/> Enhance Pedestrian Safety and/or Capacity
<input type="checkbox"/> Time Savings	<input type="checkbox"/> Enhance Bicycle Safety and/or Capacity
<input type="checkbox"/> Increase Capacity	<input type="checkbox"/> Traffic Composition Enhancement (e.g., Truck Route, HOV Lane, Climbing Lane)
<input type="checkbox"/> Reduce Congestion	<input type="checkbox"/> Visual/Cultural Enhancement (e.g., Landscaping, Historic Preservation)
<input type="checkbox"/> Hazard Reduction	<input type="checkbox"/> Environmental Enhancement (e.g., Air Quality, Noise Attenuation, Water Quality)
<input type="checkbox"/> Reduce Highway User Operating Costs	<input type="checkbox"/> Economic Prudence (e.g., Repair Less Expensive than Replacement, B/C Ratio)
<input type="checkbox"/> Other, List (e.g., Driver Convenience and Comfort regarding Rest Area Projects)	

Check Any of the Following That Are Adversely Impacted by the Project

	Yes	Unknown		Yes	Unknown
1. Noise Criteria Impacts	<input type="checkbox"/>	<input type="checkbox"/>	18. Air Quality Impacts	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in Access or Access Control	<input type="checkbox"/>	<input type="checkbox"/>	19. Inconsistent With Air Quality Plan	<input type="checkbox"/>	<input type="checkbox"/>
3. Change in Travel Patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SIP <input type="checkbox"/> TIP		
4. Neighborhood or Service Impacts	<input type="checkbox"/>	<input type="checkbox"/>	20. Stream Alteration/Encroachment	<input type="checkbox"/>	<input type="checkbox"/>
5. Economic Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IWDR <input type="checkbox"/> F&G <input type="checkbox"/> COE (404)		
6. Inconsistent W/Local or State Planning	<input type="checkbox"/>	<input type="checkbox"/>	21. Flood Plain Encroachment	<input type="checkbox"/>	<input type="checkbox"/>
7. Environmental Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Longitudinal <input type="checkbox"/> Traverse		
8. Displacements	<input type="checkbox"/>	<input type="checkbox"/>	22. Regulatory Floodway	<input type="checkbox"/>	<input type="checkbox"/>
9. Section 4(f) Lands -DOT Act 1966	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PE Cert. & FEMA Approval <input type="checkbox"/> Revision		
10. LWCF Recreation Areas/6(f) Lands	<input type="checkbox"/>	<input type="checkbox"/>	23. Navigable Waters	<input type="checkbox"/>	<input type="checkbox"/>
11. Section 106-Nat. Hist. Preserv. Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CG (Sec 9) <input type="checkbox"/> COE (Sec 10) <input type="checkbox"/> Dept. Lands		
12. FAA Airspace Intrusion	<input type="checkbox"/>	<input type="checkbox"/>	24. Wetlands	<input type="checkbox"/>	<input type="checkbox"/>
13. Visual Impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jurisdictional (404) <input type="checkbox"/> Non-Jurisdictional		
14. Prime Farmland, Parcel Splits	<input type="checkbox"/>	<input type="checkbox"/>	25. Sole Source Aquifer	<input type="checkbox"/>	<input type="checkbox"/>
15. Known/Suspected "Hazmat" Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exempt Project <input type="checkbox"/> Non-Exempt		
16. Wildlife/Fish Resources/Habitat	<input type="checkbox"/>	<input type="checkbox"/>	26. Water Quality, Runoff Impacts	<input type="checkbox"/>	<input type="checkbox"/>
17. Threatened/Endangered Species	<input type="checkbox"/>	<input type="checkbox"/>	27. NPDES-General Permit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listed <input type="checkbox"/> Proposed	<input type="checkbox"/>	<input type="checkbox"/>	(If no, complete sediment-erosion control plan)		

Prepared By	Date
Comments	

ENVIRONMENTAL EVALUATION

DATE _____ DISTRICT _____ ROUTE # _____ CITY/COUNTY _____

PROJECT NAME _____

PROJECT # _____ KEY # _____

TERMINI (mp to mp) _____ PROGRAM YEAR _____

ACRES OF NEW R/W: Public _____ Private _____ (Discuss the existing use of R/W to be acquired, plus adjacent land use, zoning, development plans, etc., on attached Environmental Evaluation Summary sheet.)

LOCATED ON INDIAN RESERVATION, TRIBAL LANDS, ETC.? ☐ Yes ☐ NoAIR QUALITY: ☐ Attainment Area Non-Attainment Area: ☐ CO ☐ PM 10 ☐ PM 2.5 ☐ Exempt ProjectTYPE ONE PROJECT: (i.e., New location, substantial alignment change, addition of a through-traffic lane): ☐ Yes ☐ No

PEDESTRIAN/BICYCLE PROVISIONS: Existing _____ Proposed _____

CONSTRUCTION IMPACTS REQUIRING SPECIAL PROVISIONS:

PROJECT PURPOSE AND BENEFITS: [Double mark (xx) the item below that best describes the Primary Reason for Proposing this Project.
Single mark (x) all Other Relevant Items]

- | | |
|---|--|
| <input type="checkbox"/> Maintain/Improve User Operating Conditions | <input type="checkbox"/> Enhance Accessibility for the Disabled/Safety |
| <input type="checkbox"/> Maintain/Improve Traffic Flow | <input type="checkbox"/> Enhance Pedestrian Safety and/or Capacity |
| <input type="checkbox"/> Time Savings | <input type="checkbox"/> Enhance Bicycle Safety and/or Capacity |
| <input type="checkbox"/> Increase Capacity | <input type="checkbox"/> Traffic Composition Enhancement (e.g., Truck Route, HOV Lane, Climbing Lane) |
| <input type="checkbox"/> Reduce Congestion | <input type="checkbox"/> Visual/Cultural Enhancement (e.g., Landscaping, Historic Preservation) |
| <input type="checkbox"/> Hazard Reduction | <input type="checkbox"/> Environmental Enhancement (e.g., Air Quality, Noise Attenuation, Water Quality) |
| <input type="checkbox"/> Reduce Highway User Operating Costs | <input type="checkbox"/> Economic Prudence (e.g., Repair Less Expensive than Replacement, B/C Ratio) |
| <input type="checkbox"/> Other, List (e.g., Driver Convenience and Comfort regarding Rest Area Projects): | |

DOES THE PROJECT IMPACT ANY OF THE FOLLOWING? (If YES, describe on the reverse side or an attached sheet)

- | | |
|---|--|
| 1. Noise Criteria Impacts* <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Threatened/Endangered Species* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Change in Access or Access Control <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Listed <input type="checkbox"/> Proposed |
| 3. Change in Travel Patterns <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Air Quality Impacts <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Neighborhood or Service Impacts <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Inconsistent w/Air Quality Plan <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Economic Disruption <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> SIP <input type="checkbox"/> TIP |
| 6. Inconsistent w/Local or State Planning <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Stream Alteration/Encroachment** <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Minorities, Low Income Populations <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> IDWR <input type="checkbox"/> F&G <input type="checkbox"/> COE (404) |
| 8. Displacements* <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Flood Plain Encroachment* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Section 4(f) Lands -DOT Act 1966* <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Longitudinal <input type="checkbox"/> Transverse |
| (i.e., Public Parks/Rec. Areas/Trails, Wildlife/ Waterfowl Refuges, Wild or Scenic Rivers, Historic Sites/Bridges Archaeological Resources) | 22. Regulatory Floodway <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. LWCF Recreation Areas/6(f) Lands* <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> PE Cert. & FEMA Approval <input type="checkbox"/> Revision |
| 11. Section 106-Nat. Hist. Preser. Act* <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Navigable Waters** <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. FAA Airspace Intrusion** <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> CG (Sec. 9) <input type="checkbox"/> COE (Sec. 10) <input type="checkbox"/> Dept. Lands |
| 13. Visual Impacts <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Wetlands* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Prime Farmland,* Parcel Splits <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Jurisdictional** (404) <input type="checkbox"/> Non-Jurisdictional |
| 15. Known/Suspected "Hazmat" Risks <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Sole Source Aquifer <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Wildlife/Fish Resources, Habitat** <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Exempt Project <input type="checkbox"/> Non-Exempt** |
| | 26. Water Quality, Runoff Impacts <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> NPDES-Individual <input type="checkbox"/> DEQ |
| | 27. NPDES-General Permit <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (If no, complete sediment-erosion control plan) |

*If yes to these items, supplemental reports or documentation are required (e.g., Relocation Report; Wetlands Determination/Finding; Fish and Wildlife Species List Update; ITD-868, Flood Plain Encroachment, SCS Form AD-1006, Biological Assessment, etc.).

**If yes to these items, a letter of input is required from the appropriate agency.

(See Reverse Side)

IT IS RECOMMENDED THAT:

- ☐ A. The project does not individually or cumulatively have a significant adverse effect on the human environment.
(Categorical Exclusion) ☐ 23 CFR 771.117(c), i.e., Special and Programmatic
☐ 23 CFR 771.117(d), i.e., FHWA Approval
- ☐ B. There is insufficient information to support A above or no precedent exists. (Environmental Assessment)
- ☐ C. The project will result in a significant effect on the human environment. (Environmental Impact Statement)

PREPARED BY

Consultant or District Environmental Planner Signature

Date

Typed or Printed Name

CONDUCT A SITE REVIEW TO COORDINATE AND VERIFY THE INFORMATION ON THE ENVIRONMENTAL EVALUATION

REVIEWED BY

District Environmental Planner or Project Development Engineer Signature

Date

Typed or Printed Name

DO NOT SUBMIT THE ENVIRONMENTAL EVALUATION UNTIL ALL ITEMS ARE COMPLETE

See format in Section 3.4 of the Design Manual

PROJECT DESCRIPTION (if not attached):

HAZARDOUS WASTES/MATERIALS (HW/M) PRELIMINARY SITE ASSESSMENT CHECKLIST



Project No.		Key No.		District	
Location					
Requiring an ITD-654 must be assessed – Mark features involved in this project:					
<input type="checkbox"/>	R/W owned by ITD (excavation required)				
<input type="checkbox"/>	New R/W				
<input type="checkbox"/>	Excavation				
<input type="checkbox"/>	Railroad involvement				
<input type="checkbox"/>	Subsurface utility relocation				
<input type="checkbox"/>	Other (list):				
<i>Contact EPA and the Regional Health and Welfare Office, Division of Environmental Quality, to determine if there are any hazardous waste sites, underground storage tanks, leaking underground storage tanks, or contaminated ground water in or near the project area.</i>					
Results:					
Additional assessment techniques employed and source of information:					
<input type="checkbox"/>	Aerial photos (current and past)				
<input type="checkbox"/>	Titles and deeds/assessors' records				
<input type="checkbox"/>	Sanborn maps				
<input type="checkbox"/>	Interviews (current landowners, local residents, etc.)				
<input type="checkbox"/>	Officials contacted (city/county engineers, city managers, etc.)				
<input type="checkbox"/>	Windshield survey				
<input type="checkbox"/>	Field inspection				
<input type="checkbox"/>	Other (list):				
List and comment on any suspect land uses/operations identified (examples on reverse side): (<i>Attach</i> site location map and additional sheets as needed to provide all information available <i>pertinent</i> to the proposed project.)					If none, mark here: <input type="checkbox"/>
HW/M conclusion: (e.g., no evidence or low probability of encountering HW/M; warrants more detailed assessment/sampling/testing; evidence of probably HW/M, site will be avoided without further analysis, etc.)					
HW/M Conducted By:				Date	

HW/M SCREENING

EXAMPLES OF HIGH RISK LAND USES/OPERATIONS (past and present) that might indicate the presence of hazardous waste or other materials that pose a threat to the environment include:

Service Stations	Auto Repair Shops
Landfills and Dumps	Auto Wrecking Yards
Treatment Plants	Dry Cleaning Operations
Paint Companies	Machine Shops
Metal Platers	Electronic Manufacturers
Battery Shops	Agricultural Chemical Suppliers
Photo Shops	Pole Yards
Mining Supply Facilities	Printing Shops
Old Mining Areas	Waste Piles
Medical Supply Facilities	Paper Processing Plants

EXAMPLES OF HIGH RISK FACILITIES to be aware of during HW/M assessments include:

Surface Storage Pits, Sumps, Ponds, Basins

Storage Structures/Pipelines:

Underground Storage Tanks
Surface Tanks, Drums

Older Buildings (1920-1973 vintage) Containing Structural Asbestos and Friable Asbestos-Containing Materials, such as:

Sprayed-On Fireproofing
Pipe Wrap
Friable Tile
Acoustical Plaster
And especially, Thermal System Insulation (TSI)

Bridges (lead-base paint)

ALSO LOOK FOR EVIDENCE OF CONTAMINATION from spills, leaks, migration from some off-site location, illegal dumping, etc., such as:

Surface Soil Staining
Oil Sheen
Odors
Vegetation Damage, Color Change Stress Indications, Zones of No Growth
Abandoned Containers and Transformers, etc.

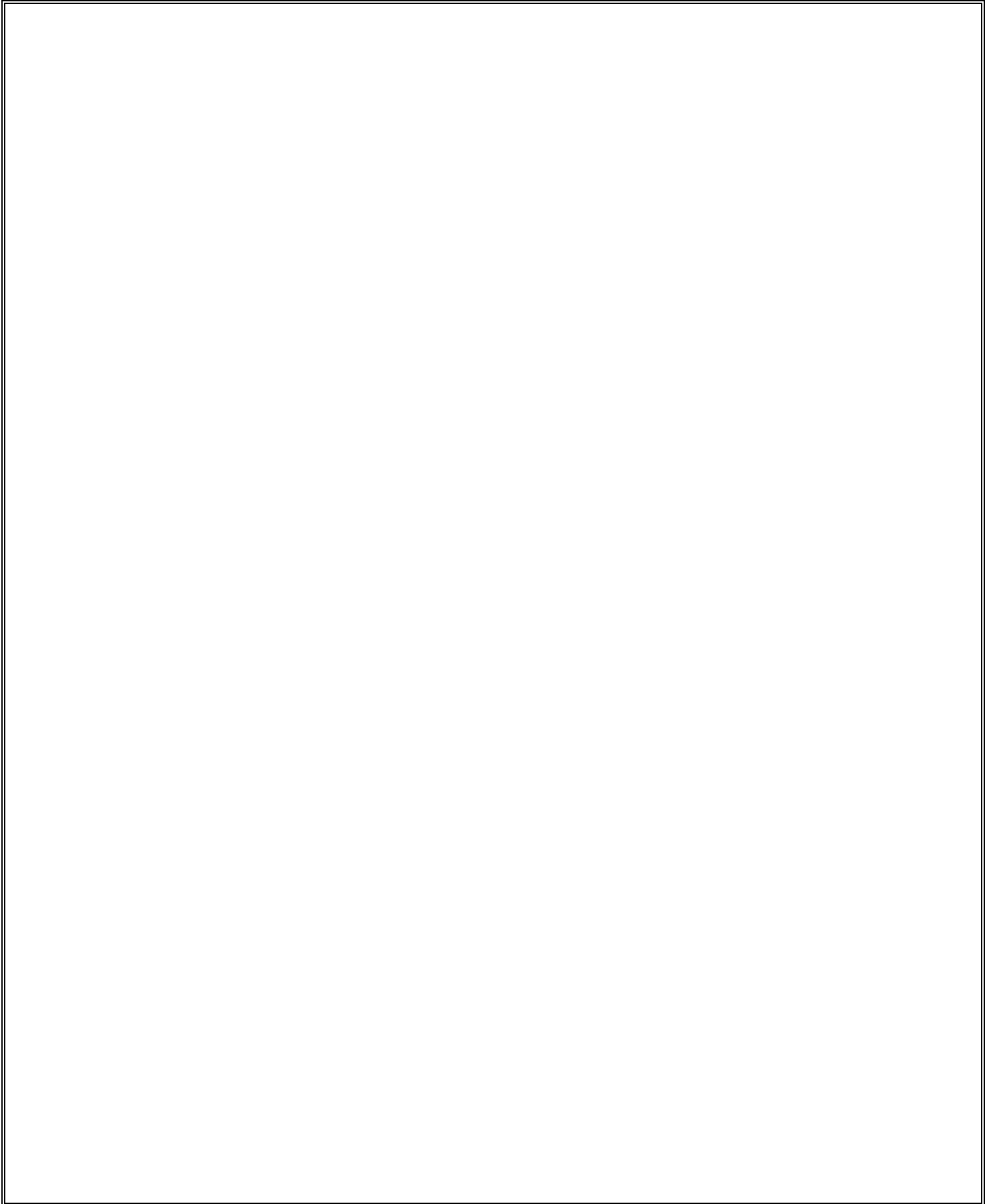
The above screening criteria are not all inclusive and caution should be used in applying the screening criteria displayed.

CAUTION: Fuels, insecticides, fertilizers, and other substances used for personal, family, or household purposes or in routine agricultural operations and present in the same form and concentration as a product packaged for distribution and use by the general public should not be considered a concern within the scope of this assessment.



PROJECT QUALITY EVALUATION

District		Project No.	
Resident		Location	
Date		Type of Work	
CHECKLIST			
1. Horizontal and Vertical Control		8. Structures a. Foundation Investigation b. Design	
2. Irrigation and Drainage			
3. Quantities			
4. Plans a. Legibility b. Detail c. Conform to Design Manual		9. R/W Plans a. Completeness b. Coverage of R/W Contract Features	
		10. Utilities a. Coordination	
5. Special Provisions		11. Sponsor Acceptance	
6. Traffic Control Plan			
7. Materials Source Investigation			
NARRATIVE: <i>Please discuss adequacy of design, good or poor features, significant Change Orders. Use reverse side of sheet, if necessary. Identify by Item No. on the checklist above.</i>			
Reported By:			
INSTRUCTIONS			
<p>This form will be completed for all local consultant-design projects. The District Design Engineer will complete it at the final design inspection stage and the Resident Engineer will submit a new completed form after final inspection.</p> <p>The evaluation will be sent to the Local Roads Engineer who will make distribution.</p> <p>The evaluations will be available to the sponsor.</p>			



Design Standards



☐ Complex (return to HQ for approval) ☐ Simple (approve within the district)

1. Project Identification

Project Number		Key Number	Project Title			Date
County	Terrain Type		Highway Number	MP	to	MP
Functional Class						

2. Project Type

Project Standards	<input type="checkbox"/> AASHTO	<input type="checkbox"/> 3R	<input type="checkbox"/> STATE	<input type="checkbox"/> ST
Oversight	<input type="checkbox"/> Full	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Federal Aid	

3. General Project Description

4. Standards for Pavement Width

AASHTO Standard Width	3R Standard Width	State Standard Width	ITD Standard Width *Corridor Plan (A-14-02)
-----------------------	-------------------	----------------------	---

5. Roadway Widths (Attach existing and proposed typical sections)

MP	to	MP	Existing Pavement Width	Proposed Pavement Width	<input type="checkbox"/> Proposed width includes .6 m shoe each side (AASHTO STANDARDS ONLY)

6. Proposed Maximum Superelevation

%

7. Proposed Design Vehicle

8. Design Year

9. Traffic ADT

Present Future

10. Traffic DHV

Present Future

11. Posted Speed

12. Design Speed

13. Minimum Level of Service (Attach capacity analysis)

14. Access Control

MP	to	MP	Existing	Proposed	MP	to	MP	Existing	Proposed

15. Maximum Grade

Existing %

Proposed %

16. Maximum Curve

Existing R

Proposed R

17. Proposed Structures (Attach typical sections)

Deck Width (C-C)	(0-0)	Vertical Clearance (Roadway/Q ₅₀)	Design Load
Existing Bridge Sufficiency Rating	Rail Type	18. Clear Zone Cut	Fill

19. Proposed Work (Mark appropriate items)

<input type="checkbox"/> Excavation	<input type="checkbox"/> Bicycle Lanes	<input type="checkbox"/> Curb and Gutter	<input type="checkbox"/> Lighting	<input type="checkbox"/> ITS
<input type="checkbox"/> Drainage	<input type="checkbox"/> Separated Pathway	<input type="checkbox"/> Utilities	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other
<input type="checkbox"/> Base	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Bridge(s)	<input type="checkbox"/> Seal Coat	
<input type="checkbox"/> Surfacing	<input type="checkbox"/> Erosion Control	<input type="checkbox"/> Guard Rail	<input type="checkbox"/> Detour	

20. Traffic Signals

a. Existing Location (MP)	Type of Controller	b. Proposed Location (MP)	Type of Warrant

21. Railroad Crossing Protection

a. Existing Location (MP)	Type of Protection	b. Proposed Location (MP)	Type of Protection

22. Accident History

Accident Rate	Accident Base Rate (ACC/MV)	Existing Accident Rate within Project Limits (ACC/MV)
Spot Locations within Project Limits that exceed the Base Rate (list MP)		

23. Proposed Improvements to Reduce Accidents *Attach worksheet for accident reduction, if necessary.

MP	Type of Improvements	Estimated Accident Reduction

24. Environmental

Conceptual Environmental Evaluation (ITD 0651) Complete	<input type="checkbox"/> YES – Attach a copy to this form.	<input type="checkbox"/> NO – Explain below
Environmental Checklist for State Funded Projects Complete	<input type="checkbox"/> YES – Attach a copy to this form.	<input type="checkbox"/> NO – Explain below
Environmental Concerns		

Design Standards



☐ Complex (return to HQ for approval) ☐ Simple (approve within the district)

1. Project Identification

Project Number		Key Number	Project Title			Date
County	Terrain Type		Highway Number	MP	to	MP
Functional Class						

2. Project Type

Project Standards	<input type="checkbox"/> AASHTO	<input type="checkbox"/> 3R	<input type="checkbox"/> STATE	<input type="checkbox"/> ST
Oversight	<input type="checkbox"/> Full	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Federal Aid	

3. General Project Description

4. Standards for Pavement Width

AASHTO Standard Width	3R Standard Width	State Standard Width	ITD Standard Width *Corridor Plan (A-14-02)
-----------------------	-------------------	----------------------	---

5. Roadway Widths (Attach existing and proposed typical sections)

MP	to	MP	Existing Pavement Width	Proposed Pavement Width	<input type="checkbox"/> Proposed width includes .6 m shoe each side (AASHTO STANDARDS ONLY)

6. Proposed Maximum Superelevation

7. Proposed Design Vehicle

8. Design Year

9. Traffic ADT

Present Future

10. Traffic DHV

Present Future

11. Posted Speed

12. Design Speed

13. Minimum Level of Service (Attach capacity analysis)

14. Access Control

MP	to	MP	Existing	Proposed	MP	to	MP	Existing	Proposed

15. Maximum Grade

Existing % Proposed %

16. Maximum Curve

Existing R Proposed R

17. Proposed Structures (Attach typical sections)

Deck Width (C-C)	(0-0)	Vertical Clearance (Roadway/Q ₅₀)	Design Load
Existing Bridge Sufficiency Rating	Rail Type	18. Clear Zone	Fill
		Cut	

19. Proposed Work (Mark appropriate items)

<input type="checkbox"/> Excavation	<input type="checkbox"/> Bicycle Lanes	<input type="checkbox"/> Curb and Gutter	<input type="checkbox"/> Lighting	<input type="checkbox"/> ITS
<input type="checkbox"/> Drainage	<input type="checkbox"/> Separated Pathway	<input type="checkbox"/> Utilities	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other
<input type="checkbox"/> Base	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Bridge(s)	<input type="checkbox"/> Seal Coat	
<input type="checkbox"/> Surfacing	<input type="checkbox"/> Erosion Control	<input type="checkbox"/> Guard Rail	<input type="checkbox"/> Detour	

20. Traffic Signals

a. Existing Location (MP)	Type of Controller	b. Proposed Location (MP)	Type of Warrant

21. Railroad Crossing Protection

a. Existing Location (MP)	Type of Protection	b. Proposed Location (MP)	Type of Protection

22. Accident History

Accident Rate	Accident Base Rate (ACC/MV)	Existing Accident Rate within Project Limits (ACC/MV)
Spot Locations within Project Limits that exceed the Base Rate (list MP)		

23. Proposed Improvements to Reduce Accidents *Attach worksheet for accident reduction, if necessary.

MP	Type of Improvements	Estimated Accident Reduction

24. Environmental

Conceptual Environmental Evaluation (ITD 0651) Complete	<input type="checkbox"/> YES – Attach a copy to this form.	<input type="checkbox"/> NO – Explain below
Environmental Checklist for State Funded Projects Complete	<input type="checkbox"/> YES – Attach a copy to this form.	<input type="checkbox"/> NO – Explain below
Environmental Concerns		

Concept Approval

Idaho Transportation Department



Project Number			Key Number
Highway Route	Beginning Mile Post	Ending Mile Post	Federal Aid Route
Project Title			WA Number
Project Category <input type="checkbox"/> ST Simple <input type="checkbox"/> ST Complex <input type="checkbox"/> FA Simple <input type="checkbox"/> FA Complex			

Revisions or additions to these established project concept and design standards shall require appropriate supporting data and Idaho Transportation Department approval.

Recommended By (Local Sponsor)	Date
Recommended By (District Engineer)	Date
Reviewed By (Roadway Design Engineer)	Date
Approved By (Assistant Chief Engineer, Development)	Date
<input type="checkbox"/> Design Exception Approved by Committee	Date



ALTERNATE SOLUTIONS AND COSTS

Various options and cost comparisons should be analyzed. If appropriate, equivalent uniform annual cost should be computed for the expected life of the proposed options.

Project No.	Key No.
Project Title	
Description:	

PROPOSED DESIGN EXCEPTIONS

Project No.		Key No.	
Project Title			
Describe and justify all Design Exceptions:			
Design Exception Committee Chairman:			
Title:			
FHWA Committee Member:			
Design Exception No.		Date	



IDAHO TRANSPORTATION DEPARTMENT ROADWAY INVENTORY

Project No. _____

Project Title _____

Key No. _____

VERTICAL ALIGNMENT		Proposed Design Speed _____		Safe stopping distance at design speed _____		
km to km MP to MP	Length of VC*	K*	Stopping Sight Distance (Speed)	Action Needed to Meet Standards	Recommended Action (by District)	Final Action (by Roadway Design)

*As shown on "as constructed" plans or as determined from field survey.

Metric

S.S.D. for crest VC's: When $S < L$, $S = (658 L / A)^{0.5}$. When $S > L$, $S = 0.5 (L + 658 / A)$. Ref. AASHTO Manual.
S.S.D. for sag VC's: When $S < L$, $S = (3.5 L + ((3.5 L)^2 + 480 AL)^{0.5}) / 2A$. When $S > L$, $S = (AL + 120) / (2A - 3.5)$. Ref. AASHTO Manual.

English

S.S.D. for crest VC's: When $S < L$, $S = (2158 L / A)^{0.5}$. When $S > L$, $S = 0.5 (L + 2158 / A)$. Ref. AASHTO Manual.
S.S.D. for sag VC's: When $S < L$, $S = (3.5 L + ((3.5 L)^2 + 1600 AL)^{0.5}) / 2A$. When $S > L$, $S = (AL + 400) / (2A - 3.5)$. Ref. AASHTO Manual.

HORIZONTAL ALIGNMENT		Proposed Design Speed _____			Safe stopping distance at design speed _____		
km to km MP to MP	Degree of Curve*	Spiral Length*	Safe Speed*	Super*	Action Needed to Meet Standards	Recommended Action (by District)	Final Action (by Roadway Design)

*As shown on "as constructed" plans or as determined from field survey.

Safe Speed: $V=\{15 R(e + f)\}^{0.5}$. Ref. AASHTO Manual page 142 or as posted from ball bank determinations.

Key No.

[illegible]

*As shown on "as constructed" plans or as determined from field survey.

NOTE: Approach guardrail on page 6.

[illegible]

*As shown on "as constructed" plans or as determined from field survey.

Project No.	Project Title	Key No.
-------------	---------------	---------

[illegible]

*As determined from field survey.

**From edge of travelway.

[illegible]

*As shown on "as constructed" plans or as determined from field survey.

Key No. _____

[illegible]

*Distance from edge of travelway.

[illegible]

*As determined from field survey or ITD Sign Inventory.

Project No.	Project Title	Key No.
-------------	---------------	---------

[illegible]

*As determined from field survey and "as constructed" plans.

**M.H. = mounting height.

[illegible]

*From edge of travelway.

Project No.	Project Title	Key No.
-------------	---------------	---------

[illegible]

*As determined from field survey.

**SSD = Stopping sight distance.

PROPOSED DESIGN EXCEPTIONS (DESCRIBE AND JUSTIFY ALL DESIGN EXCEPTIONS TO AASHTO AND ITD STANDARDS)



PROJECT COST SUMMARY SHEET

(Round Estimates to Nearest \$1,000)

Date		Project No.		Key No.	
Location				District	
Project Limits: Segment Code			Begin km/MP	End km/MP	
Length in Kilometers/Miles			Previous ITD-1150	Initial or Revise To	
1. Preliminary Engineering			\$	\$	
2. Right-of-Way: No. of Parcels _____ No. of Relocations _____			\$	\$	
3. Utility Adjustments:			\$	\$	
<input type="checkbox"/> Work <input type="checkbox"/> Materials <input type="checkbox"/> by State <input type="checkbox"/> by Others					
4. Earthwork			\$	\$	
5. Drainage & Minor Structures			\$	\$	
6. Pavement & Base			\$	\$	
7. Railroad Crossing:			\$	\$	
Grade/Separation Structure _____					
At-Grade Signals Yes <input type="checkbox"/> No <input type="checkbox"/>					
8. Bridges/Grade Separation Structures:					
<input type="checkbox"/> New Structure			\$	\$	
Location _____					
Length/Width _____					
<input type="checkbox"/> Repair/Widening/Rehabilitation			\$	\$	
Location _____					
Length/Width _____					
9. Traffic Items (Delineators, Signing, Channelization, Lighting, & Signals)			\$	\$	
10. Construction Traffic Control (Sign, Pavement Markings, Flagging, & Traffic Separation)			\$	\$	
11. Detours			\$	\$	
12. Other Items (Roadside Development, Guardrail, Fencing, Sidewalks, Curb & Gutter)			\$	\$	
13. Cost of Construction (Items 3 through 12)			\$	\$	
14. Mobilization _____ % of Item 13			\$	\$	
15. Construction Engr. & Contingencies _____ % of Items 13 + 14			\$	\$	
16. Total Construction Costs (13 + 14 + 15)			\$	\$	
17. Total Project Cost (1 + 2 + 16)			\$	\$	
18. Project Cost Per Kilometer/Mile			\$	\$	
Prepared By: _____					

PROJECT PROGRAM ENTRY OR REVISION

ITD Board

Approved _____



Date		Highway No.		FA Route No.		District		Key No.					
PREVIOUSLY APPROVED [Amounts in thousands of dollar (\$000)]													
Fiscal Year		Project #		Project Name									
Segment Code		# of Lanes		Cost per km/M		Type of Work							
Beg. km/MP		End km/MP		Length									
Subclasses													
	Fund:			Fund:			Fund:			Fund:			Year Total
	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.	
Prev.													
1998													
1999													
2000													
2001													
2002													
Prel.													
TOTAL													
Total PE			Total RW			Total Const.			Project Lifetime Total				
INITIAL REQUEST OR REQUESTED REVISION [Amounts in thousands of dollar (\$000)]													
Fiscal Year		Project #		Project Name									
Segment Code		# of Lanes		Cost per km/M		Type of Work							
Beg. km/MP		End km/MP		Length									
Subclasses													
	Fund:			Fund:			Fund:			Fund:			Year Total
	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.	
Prev.													
1998													
1999													
2000													
2001													
2002													
Prel.													
TOTAL													
Total PE			Total RW			Total Const.			Project Lifetime Total				
Estimate prepared by:				Date		Recommended for approval:				Date			
Approved		Not Approved											
Project Action				Signature, Roadway Design Engineer									Date
Approved		Not Approved											
Project Action				Signature, Assistant Chief Engineer (Development)									Date
Approved		Not Approved											
Project Action				Signature, Chief Engineer									Date
COMPKEY				COUNTY						Circle M	<input type="checkbox"/> Yes		
SPONSOR									BR NUMBER				
COMMENTS													
Routing	<input type="checkbox"/> District <input type="checkbox"/> Roadway Design (2) <input type="checkbox"/> Environmental <input type="checkbox"/> Financial Services <input type="checkbox"/> Traffic <input type="checkbox"/> Planning Div. <input type="checkbox"/> Bridge Design <input type="checkbox"/> Bridge Inspection <input type="checkbox"/> Right of Way <input type="checkbox"/> Roadway Design (L/R) <input type="checkbox"/> Public Transportation Div.												

ITD-1414 HISTORY: RECORD OF INITIAL PROGRAMMING AND ALL REVISIONS		
DATE (MO./YR.)	AMOUNT	COMMENTS OR MAJOR CHANGE REFERENCE
1.		Initial Programming (First ITD-1414)
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
OTHER COMMENTS:		
DISTRICT COMMENTS OR PROJECT BENEFIT CHANGES:		

[illegible]

CULTURAL RESOURCE INVESTIGATION REQUEST



Project #					Project Title					District	
Authority					Key #			Priority		County	
RIGHT-OF-WAY						☐ (COMPLETE ONE ONLY) ®			AGGREGATE OR BORROW SOURCES		
Project Length:						Type of Source:					
MP/Sta.		To MP/Sta.		km (miles)		☐ Aggregate Quarry		☐ Aggregate Pit		☐ Borrow Source	
Description of Work:						Source Description:					
						Legal Description:					
Cultural Resources Known in Area:						Additional Information and Comments:					
Location				Description							
Potential for Cultural Resource Sites:											
☐ High ☐ Medium ☐ Low											
Requester's extension # _____ and Signature										Date	

Idaho Transportation Department/State Historic Preservation Office
DETERMINATION OF SIGNIFICANCE AND EFFECT



Project Title				Project No.			
District		Key No.		County		Field Notes	
CLEARANCE AUTHORIZED WITHOUT SURVEY <input type="checkbox"/> PA <input type="checkbox"/> ER <input type="checkbox"/> Other							
Determination of Eligibility		Site Numbers		Comments			
<input type="checkbox"/> No sites <input type="checkbox"/> Not eligible <input type="checkbox"/> Potentially eligible <input type="checkbox"/> Eligible							
Determination of Effect							
<input type="checkbox"/> No sites <input type="checkbox"/> There will be no effect to the following sites because: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u>Rationale</u> <input type="checkbox"/> They are outside the project area <input type="checkbox"/> They are outside impact zones <input type="checkbox"/> Final project plans will avoid them <input type="checkbox"/> NR character will not be changed </div> <div style="width: 35%; text-align: center;"> <u>Sites</u> </div> </div> <input type="checkbox"/> Sites will be affected as indicated below or in the attached explanation: <input type="checkbox"/> Project will be monitored during construction due to the potential for cultural resources.							
_____ Highway Archeologist				_____ Date			
SHPO Comment: I have reviewed the documentation and recommendations provided by ITD.							
<input type="checkbox"/> I agree with the above determination of eligibility and effect and with the conditions of compliance. <input type="checkbox"/> I agree with the above determinations of eligibility and effect given stipulations explained below or in the attached letter. <input type="checkbox"/> I disagree with the above determinations of eligibility and effect as explained below or in the attached letter.							
_____ State Historic Preservation Officer				_____ Date			

Local Public Agency's Certificate Of Completion Of Right-Of-Way Activities



Local Public Agency	Project No.
Project Name	Key No.

PART A

The proposed construction project did not require the acquisition of additional real property rights.

- ☐ Check here if Part A pertains, then skip to Part C below and complete date and signature area of form.
(If Part A is not applicable, please complete Parts B and C below.)

PART B

The proposed construction project required the acquisition of additional real property rights. There were _____ ownerships involved and _____ relocations of persons as a result of said acquisitions.

I hereby certify that all acquisitions and relocations, if any, were performed in accordance with our assurances to comply with state and federal laws and regulations related to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and amendments thereto.

It is further certified that in all cases where the real property rights were obtained through donation, that the property owner(s) was fully informed of the right to receive just compensation and the owner has released our agency from its obligation to appraise the property in the event that the estimated value may exceed \$2,500.00.

PART C

- ☐ Check here if there is no utility involvement on this project.
- ☐ Check here if arrangements have been made to coordinate the relocation of any/all utility facilities.

Date	Agency
Attest (Clerk or Secretary)	Chairman's, President's or Mayor's Signature

Local Public Agency Project Monthly Right-Of-Way Status Report



Complete and Return to Idaho Transportation Department

Local Sponsor	Project No.	Key No.
Project Name	Work Authority No.	
R/W Dollars Programmed	Construction Year Scheduled	

Submittal of Monthly Status Report Commences After Completion of Item 5

1. State and Local Agreement Date	6. Environmental Approval Date
2. Total Number of Parcels on Project	7. Right-of-Way Funding Approval Date
3. Total Number of Relocations on Project	8. Local Right-of-Way Certification (ITD 1983) Date
4. Anticipated Number of Donations	9. Close-Out Project Review Completed Date
5. Right-of-Way Plans Approval Date	10. Reimbursement Requested Date

Individual Parcel Status

Parcel Number	Appraisal		Appraisal Review		Formal Offer		Acquisition	
	Date	Amount	Date	Amount	Date	Amount	Date	Amount

Information or action required in order to avoid delays: _____

Monthly Report Submitted Either by the Local Public Agency or Consultant

Status Report Submitted By	Title	Date
----------------------------	-------	------

Report Review

Local Project Coordinator's Signature	Date	ITD District R/W Supervisor's Signature	Date
---------------------------------------	------	---	------

Note: Right-of-Way Status Reporting is Required for any Local Public Agency Project

Reporting Path: Local Sponsor ? Local Project Coordinator ? District R/W Supervisor



PROPOSED KILOMETER POST/MILEPOST CHANGES

See Design Manual Chapters 5 and 9

See Traffic Manual Section 12-184

To:	TRANSPORTATION PLANNING SECTION			Date:	
From:				By:	
Project No.:				Key:	
Location (<i>Attach Vicinity Map</i>):				Proposed Const. Year:	
REASON FOR CHANGE:					
	New Route	Route:			
	Relocation	km/MP	to		
	Reconstruction/Realignment	Segment Code:			
		km/MP	to		
		Segment Code:			
<i>Note: If project traverses multiple segment codes, list km/MP and segment codes for each.</i>					
DESCRIPTION OF CHANGES:					
SEE REVERSE SIDE FOR INSTRUCTIONS					
APPROVED	YES	NO	DATE	SIGNATURE	
District ____ Engineer					
Traffic Engineer					
Transportation Planning Mgr.					

Describe the change or changes. If necessary, complete the Kilometer Post/Milepost Log Work Sheet indicating the Kilometer Posts/Mileposts of boundaries, geographical features, and physical features including structures and pipe culverts. If additional space is needed, attach an *ITD-2185, Kilometer Post/Milepost Log Work Sheet*.

If an equation is being installed on the project, attach the plan sheet showing the Kilometer Posts/Milepost equation.

Complete this for listing the segment code and Kilometer Posts/Mileposts of the main route. Also, list the ramps and cross-road segment codes and Kilometer Posts/Mileposts on the Kilometer Post/Mileposts Log Work Sheet. A separate *ITD-2184* is not required for each ramp or cross road. Attach an interchange layout plan sheet.

Route the original through the offices listed on the first page for obtaining approval signatures. The Traffic Section will schedule video logging of the highway and distribute the new video to the district. The Transportation Planning Section will record the Kilometer Post/Milepost location(s) and update the maps.

[illegible]

[illegible]

NO-BID REQUEST FOR FEDERAL AID ITEMS OF WORK (FORCE ACCOUNT) continued

(b) Estimated cost including work by contract. Indicate basis for estimate.

6. Reasons it is "in the public interest" to perform the above work by Force Account procedures:

It is requested that the above work be performed by force account based on the cost effectiveness analysis and/or statement of public interest for an estimated total of \$ federal funds.

Recommended

District or Section

Approved

Roadway Design Engineer



LOCAL FEDERAL-AID PROJECT REQUEST

Sponsor (City, County, Highway District, State/Federal Agency)					
Project Title (Name of Street or Road)			Date		
F.A. Route No.		Project Length	m	Bridge Length	m
PROJECT LIMITS (Local Landmarks at Each End of the Project)					
CHARACTER OF PROPOSED WORK (Mark Appropriate Items)					
<input type="checkbox"/> Excavation	<input type="checkbox"/> Bicycle Facilities	<input type="checkbox"/> Utilities	<input type="checkbox"/> Sidewalk		
<input type="checkbox"/> Drainage	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Seal Coat		
<input type="checkbox"/> Base	<input type="checkbox"/> Bridge(s)	<input type="checkbox"/> Guardrail	<input type="checkbox"/>		
<input type="checkbox"/> Bit. Surface	<input type="checkbox"/> Curb & Gutter	<input type="checkbox"/> Lighting			
Estimated Costs (Attach ITD-1150, Project Cost Summary Sheet):					
Preliminary Engineering	\$	(ITD-1150, Line 1)			
Right-of-Way	\$	(ITD-1150, Line 2)			
Construction	\$	(ITD-1150, Line 16)			
Preliminary Engineering By:	<input type="checkbox"/> Sponsor Forces		<input type="checkbox"/> Consultant		
Checklist (Provide Names, Locations, and Type of Facilities):					
Railroad Crossing					
Within 3.2 km (2 miles) of an Airport					
Parks (City, County, State or Federal)					
Environmentally Sensitive Areas					
Federal Lands (Indian, BLM, etc.)					
Historical Sites					
Schools					
Other					
Additional Right-of-Way Required:	<input type="checkbox"/> None		<input type="checkbox"/> Minor (1-3 Parcels)	<input type="checkbox"/> Extensive (4 or More Parcels)	
Will any Person or Business be Displaced:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Possibly	
Standards	Existing	Proposed	Standards	Existing	Proposed
No. of Lanes			Roadway Width (Shoulder to Shoulder)	m	m
Pavement Type			Right-of-Way Width	m	m

<p style="text-align: center;">INSTRUCTIONS:</p> <p>Under Character of Proposed Work, mark appropriate boxes when work includes Bridge Approaches in addition to a Bridge.</p> <p>Attach a Vicinity Map showing the extent of the project limits.</p> <p>Attach an ITD-1150, Project Cost Summary Sheet</p> <p>Signature of an appropriate local official is the only kind recognized.</p>	<p style="text-align: center;">SIGNATURE OF SPONSOR</p> <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px;"></div> <p>Title _____</p>
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ADDITIONAL INFORMATION TO BE FURNISHED BY THE DISTRICT

Functional Classification _____ Terrain Type _____ 20 ____ ADT/DHV _____



FLOODWAY REVISION REQUIREMENT

Project No.		Station Limits	
Location			County
Roadway Identification			
<input type="checkbox"/> Crossing	<input type="checkbox"/> Adjacent to	<input type="checkbox"/> Creek	<input type="checkbox"/> River
Flood Plain Description			
Preferred Alternative			
Describe consistency of action with regulatory floodway:			
The enclosed analysis complies with Part 65.7, 44 CFR, Floodway Revisions (National Flood Insurance Program Regulations)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, the enclosed analysis complies with "Procedures for Coordinating Highway Encroachments of Flood Plains with F.E.M.A."			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of revision is estimated at:	\$		
Revision of regulatory floodway is acceptable to the following agencies:			
Signature Local Agency		Local Agency	Date
Signature F.E.M.A.*		Title	Date
*F.E.M.A. approval is required only for encroachment in a regulatory floodway.			

Preliminary Project Concept



Project Number		Key Number		Project Title		Work Authority	
Project Initiated By				District		Route	
General Description							
MP to MP		Design/Const. Year		County		City	
						Road Segment Code	
Traffic ADT		Present		Future		Traffic DHV	
						Present	
						Future	
Accident Locations > Base Rate							
Access Control Type (Check Admin. Policy A-12-05)		Existing				Proposed	
Work Type		Class				Subclass(es)	
Standards <input type="checkbox"/> AASHTO <input type="checkbox"/> 3R <input type="checkbox"/> State <input type="checkbox"/> ST							
Companion Project Title				Key Number		Field Review Date	
						Review Team	

1. Proposed Improvements

	MP to MP		Existing	Proposed		MP to MP		Existing	Proposed
Roadway Width					Right-Of-Way Width (if R/W required, attach form ITD 2839)				
Horizontal Alignment					Vertical Alignment				
Slope Flattening									

Turning Lanes
Climbing Lanes
Slow Moving Vehicle Lanes

Intersections (Including Turn Bays, Signals, Lighting, Dividers, Etc.)

Locations	Recommendations

2. Other Improvement Recommendations

	Location(s)	Quantity
Guardrail/Hazard Removal		
Guardrail End Treatments		
Curb/Gutter		
Sidewalk		
Facilities		
Seeding		

3. Type of Surfacing

Existing	Existing Width
Proposed	Width
<input type="checkbox"/> Reconstruction <input type="checkbox"/> Rehabilitation Materials Source <input type="checkbox"/> State <input type="checkbox"/> Commercial	

4. Structure Improvements (Check Sufficiency Rating & Inspection Report)

	Location(s)	Size and Type
Replacement		
Deck Repair		
Widening		
Rail and/or Curb		

5. Drainage Improvements

Location(s)	Recommendations

6. Miscellaneous

Signing Requirements
Utility Adjustments (Kind and Location)
Irrigation Facilities (Kind and Location)
R/R Crossing Work
Construction Traffic Control
Detours
Problems Identified Through Contact With Local Maintenance
List any future plans for the area that would affect this or connecting Roadways.
Project Designation Simple <input type="checkbox"/> Complex <input type="checkbox"/>
Special Problems Not Identified Above
Work Needing a Consultant
Additional Comments
Stakeholders



REQUEST FOR CONSULTANT SERVICES

*This form shall be sent to the Consultant Administration Unit of the Roadway Design Section for processing
Attach a copy of ITD-2101 showing PE by Consultant (Required).*

Project Name:					FY:		
Project No.:			Key No.:			District:	
Concept approval date:			Estimated time to perform services:				
REASON FOR REQUESTING CONSULTANT SERVICES:							
<input type="checkbox"/>	Special expertise required						
<input type="checkbox"/>	Consultant services needed to meet project schedule						
SCOPE OF WORK: (Attach a separate sheet if necessary.)							
AGREEMENT ADMINISTRATOR:							
ESTIMATED COST OF SERVICES:		<input type="checkbox"/>	\$0 to \$ 25,000		<input type="checkbox"/>	\$250,000 to \$ 500,000	
		<input type="checkbox"/>	\$25,000 to \$100,000		<input type="checkbox"/>	\$500,000 to \$1,000,000	
		<input type="checkbox"/>	\$100,000 to \$250,000		<input type="checkbox"/>	Greater than \$1,000,000	
REQUESTED BY:				TITLE:			DATE:
<i>This part shall be filled out by the Consultant Administration Unit of the Roadway Design Section.</i>							
TYPE OF AGREEMENT RECOMMENDED:							
1. Individual project solicitation and consultant selection.							
2. Services to be performed under an existing term agreement.							
		Recommended Consultant:					
3. Noncompetitive selection							
		a. The service is available only from a single source.					
		b. There is an emergency that will not permit the time necessary to conduct competitive negotiations.					
		c. After solicitation of a number of sources, competition is determined inadequate.					
4. Minor agreement procedures.							
Board Agenda Item Required:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Concurrence (if applicable): Environmental Manager							Date
Coordinated by: Consultant Administration Unit							Date
Reviewed by: Roadway Design Engineer							Date
Approved by: Assistant Chief Engineer (Development)							Date

NPDES STORM WATER PERMIT PROJECT CHECKLIST FOR CONSTRUCTION*



Project Number _____	Key Number _____
Location _____	Work Authority _____

An NPDES Storm Water Discharge Permit is required for this project only if the answers to both questions are yes.

Will there be 2 hectares of ground disturbance on the project? ☐ Yes ☐ No
(To determine the total acreage of ground that will be disturbed, use the Ground Disturbing Activities Checklist below to calculate the total acreage of disturbance on the project.)

Will the project discharge storm water to waters of the U.S.? ☐ Yes ☐ No
(See the reverse side for Definition of Waters of the U.S.)

If the answer to the second question is no, provide a written explanation in the Comments section on the reverse side of this form as to why there will be no discharge.

(If the project does not discharge off-site to waters of the U.S., an NPDES Storm Water Discharge Permit is not required.)

GROUND DISTURBING ACTIVITIES CHECKLIST

		<u>Area Disturbed</u>
Clearing:	This includes areas of vegetative removal, topsoil removal, (see Definition of Soil on reverse side), sideslope grading, shoulder construction, and fence installation, removal, or replacement.	_____
Grubbing:	This includes both hand- and machine-removed vegetative materials such as roots and root balls.	_____
Grading:	All areas disturbed by grading must be included.	_____
Excavation:	Excavated areas are figured on the surface area of disturbance, including that disturbed by heavy equipment working in the area.	_____
TOTAL AREA		_____

*Construction does not include maintenance activities, such as ditch cleaning, shoulder reshaping, etc., unless there is new construction included as part of the maintenance project.

DEFINITION OF WATERS OF THE U.S.:

Waters of the U.S. essentially mean all lakes, rivers, streams (including intermittent streams), mud flats, sand flats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, natural ponds, and irrigation canals that connect to any of the above and use degradation,

DEFINITION OF SOIL:

EPA Region X gives the definition of soil as "any unconsolidated material that will pass through a 4.75 mm or smaller sieve."

COMMENTS:

Name:

Date:

SUMMARY OF FLOOD PLAIN ENCROACHMENT



Project No.			Station Limits		
Project Title				County	
Roadway Identification					
<input type="checkbox"/> Crossing	<input type="checkbox"/> Adjacent to			<input type="checkbox"/> Creek	<input type="checkbox"/> River
Is the proposed action an encroachment of the base 100-year flood plain?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the encroachment	<input type="checkbox"/> Transverse	<input type="checkbox"/> Longitudinal			
If the encroachment is longitudinal, attach the evaluation of the alternatives to the encroachment.					
Are the risks associated with the implementation of the proposed action significant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the proposed action support probable incompatible flood plain development?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what development will occur?					
Are there any special mitigation measures necessary to minimize impacts or restore and preserve natural and beneficial flood plain values?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (routine construction procedures are required to minimize impacts on the flood plain):					
Does the proposed action constitute a significant flood plain encroachment as defined in 23 CFR 650A?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, an Environmental Impact Statement and Flood Plain Finding are required.					
Are concept hydraulic studies that document the above answers on file in the local agency office?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, explain:					
Is the project an encroachment in a regulatory floodway?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, a. Is the encroachment consistent with the regulatory floodway requirements?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the encroachment require revision of the regulatory floodway?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If revision is required, coordination with FEMA will be required. Discuss in the Environmental Document. Use ITD-2665.					
Does the project require a commitment to a particular structure size or type?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, include an evaluation and discussion in the Environmental Document.					
Signature Local Agency			Local Agency		Date
Signature F.E.M.A.*			Title		Date
*F.E.M.A approval is required only for encroachment in a regulatory floodway.					

**NPDES STORM WATER PERMIT PROGRAM
INSPECTOR'S REPORT FORM**

Report No. _____

Project Name _____ Key Number _____

Project Number _____ ITD District Number _____

Contractor's Name _____

and Address _____

Inspector's Name(s) _____ Signature _____

and Position Title(s) _____

Completion/Revision Date for SWPP Plan _____

Date(s) of this Inspection Report _____

OBSERVATIONS *(Identify locations examined. Indicate where pollution control efforts are working successfully as well as where changes are needed. Attach additional sheets, if necessary)*

1) Disturbed areas:

2) Materials storage areas:

3) Structural pollution control measures:

4) Storm water discharge locations for disturbed areas:

5) Vehicle entry exit locations:

Report No. _____

INCIDENTS OF NONCOMPLIANCE (*Identify locations of any problem areas*)

Measures not properly installed or maintained:

Measures not effective for intended purpose:

Other comments:

☐ Mark here if there were no observed incidents of noncompliance.

ACTIONS TAKEN IN RESPONSE TO THE INSPECTION

SWPP Plan modifications (*describe any changes made and enter completion/signature date*):

Changes implemented at the construction site (*describe changes and enter completion dates*):

CERTIFICATION (*Must be signed by District Engineer or duly authorized representative*)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Type or Print)

Signature

Position Title

Date Signed

Right of Way Cost Estimate

Date: November 9, 2003

Key No: _____

Project No: _____

Project Name: _____

No. of parcels requiring acquisitions: _____

Number of parcels requiring relocations: _____

New Alignment: _____ miles

Basic R/W Width: _____

Existing Alignment: _____ miles

Additional R/W Width: _____

DIRECT ACQUISITION COSTS:**A. Land only**

Agriculture	Irrigated	0.00 acres @	\$0	/acre	=
	Dry	0.00 acres @	\$0	/acre	=
	n/a	0.00 acres @	\$0	/acre	=
Graze	Irrigated	0.00 acres @	\$0	/acre	=
	Dry	0.00 acres @	\$0	/acre	=
		0.00 acres @	\$0	/acre	=
Timber	Income Producing	0.00 acres @	\$0	/acre	=
	Harvestable	0.00 acres @	\$0	/acre	=
	Non-Harvestable	0.00 acres @	\$0	/acre	=
Residential	Developed	0.00 acres @	\$0	/acre	=
	Undeveloped	0.00 acres @	\$0	/acre	=
Commercial\Industrial	Developed	0.00 acres @	\$0	/acre	=
	Undeveloped	0.00 acres @	\$0	/acre	=
Damages Anticipated					=
Miscellaneous					=

B. Site Improvements

Agriculture	No. of Structures	0 @	\$0	(average)	=
Residential	No. of Structures	0 @	\$0	(average)	=
Commercial\Industrial	No. of Structures	0 @	\$0	(average)	=
Damages Anticipated					=
Miscellaneous					=

C. Relocation

Developed Agriculture	No. Expected	0 @	\$0	(average)	=
Developed Residential					
Single Family	No. Expected	0 @	\$0	(average)	=
Multi-Family	No. Expected	0 @	\$0	(average)	=
Developed Comm\Ind.	No. Expected	0 @	\$0	(average)	=
Miscellaneous					=

INDIRECT ACQUISITION COSTS:

Appra./Imp.Agri.	No. Expected	0 @	\$0	(average)	=
Appra./Imp.Resid.					
2685	No. Expected	0 @	\$0	(average)	=
2288	No. Expected	0 @	\$0	(average)	=
B & A	No. Expected	0 @	\$0	(average)	=
Appra./Imp.Com.-Ind.	No. Expected	0 @	\$0	(average)	=
Appraisals/Land	No. Expected	0 @	\$0	(average)	=
Negotiations	No. Expected	0 @	\$0	(average)	=
Demolitions	No. Expected	0 @	\$0	(average)	=
Sub-Total					

INCIDENTALS:

Estimated as a percentage of overall costs. _____ 0.00 %

(Includes Title Costs, Admin. Settle., Legal Settle., Attorney & Court Costs, Property Mngmnt. & Misc.)

Total Estimated Project R/W Costs:

Right of Way Cost Estimate

Proposed R/W Plans Approval Date

Projected R/W Expenditure Years

Contruction Year(s)

Estimtd. By: _____

Title: _____

Date:

Right of Way Cost Estimate

ft.

ft.

\$0

\$0

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REQUEST FOR SURVEY WORK

TO: DISTRICT LAND SURVEYOR

DATE:

FROM:

APPROVED BY:

SUBJECT: REQUEST FOR SURVEY WORK

PROJECT:

Please perform the following described work:

Please Complete By (Date): _____

Project No.: _____

Work Auth.: _____

Key No.: _____

Contact _____ at _____ for details concerning the work.

LOCATION USE ONLY

Assigned to: _____

Date: _____

Date Completed: _____

Delivered: _____

BRIDGE SUBMITTAL CHECKLIST FOR SITUATION/LAYOUT

Project Name:						
Project No.:				Key No.:		
Route No.				Km / Milepost		
Feature Intersected:						
A. PLANS						
	1. Contour Map of Bridge Site (Reproducible)					
	2. Roadway Plan of Bridge Site (Reproducible)					
	3. Roadway Profile Grade (Reproducible)					
	4. Existing Groundline Profile (Reproducible)					
	5. Roadway Typical Section w/Traffic Data					
	6. Structure Typical Section w/Traffic Data					
B. GENERAL						
	1. Roadway Guardrail					
	Concrete Median Barrier					
	Metal Rail					
	Curb and Gutter					
	Sidewalk					
	Other (specify)					
	2. Roadway Pavement Type			Travel Way	Shoulders	
			Concrete			
			Asphalt			
	3. Corrosion Protection					
	Level of De-icing Salt Application					
	High		Moderate		Low	
	4. Phase IV Report					
	5. Photographs					
				Looking AHEAD on line at bridge site		
				Looking BACK on line at bridge site		
				Looking through the bridge to LEFT		
				Looking through the bridge to RIGHT		
				Unusual features of the site		
	6. Utilities [<i>attach drawing showing locations, size, number (including existing and future), and weight per meter</i>]					
		Lighting			Gas	
		Signing			Water	
		Electrical			Sewer	
		Telephone			Irrigation	

C. STRUCTURES OVER WATER			
	1. Approved ITD-210 (Hydraulic Structures Survey)		
	2. Streambed Profile (Reproducible)		
	3. Riprap (Attach plan)		
	4. Navigational Clearances (Indicate if stream is navigable and boat traffic requirements)		
	Vertical	Meters	
	Horizontal	Meters	
D. STRUCTURES OVER ROADWAY			
	1. Roadway Profile Grade (Reproducible)		
	2. Roadway Typical Section		
	3. Minimum Clearance		
	Vertical	Meters	
	Horizontal	Meters	
	4. Slope Protection (Indicate slope and any special grading)		
		Slope paving	
		Rock	
		Other (specify)	
		None	
E. STRUCTURES OVER RAILROADS			
	1. Roadway Profile (Reproducible)		
	2. Railroad Typical Section (Include any future tracks)		
	3. Minimum Clearance		
	Vertical	Meters	
	Horizontal	Meters	
	4. Splashboard Requirements		
	5. Fencing Requirements		
F. SPECIAL FEATURES			
	1. Stage Construction		
		Plan of Proposed detour	
		Detour typical section	
	2. Future Widening		
		Typical section of roadway/structure	
	3. Remote Site		
		Concrete available	
		Restricted loads on haul road	
		Other (specify)	
	4. Aesthetic Requirements		
	5. Other (specify)		